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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Chowdhury, Sumaiya A.
Firm: U.S. Patent and Trademark Office
Art Unit 2611
Facsimile: (571) 273-8300
From: Thomas F. Presson
Date: April 19, 2006
Re: FLH Ref No.: 450101-03635
Serial No: 09/996,519

Number of Pages: 10
(including cover page)

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00367092

PATENT
450101-03635IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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APR 19 2006

Applicants : Narsuko Yotsumoto, et al.
 Serial No. : 09/996,519
 Filed : November 29, 2001
 For : INFORMATION PROCESSING METHOD AND APPARATUS
 AND RECORDING MEDIUM
 Examiner : Chowdhury, Sumaiya A.
 Art Unit : 2611

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 5 | Minus | ** = 20 | * 0 x | \$50 (25) | = \$ 0 |
| Independent claims | 3 | Minus | *** = 3 | * 0 x | \$200 (100) | = \$ 0 |
| Total additional fee for this amendment | | | | | | \$ 0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on April 19, 2006.

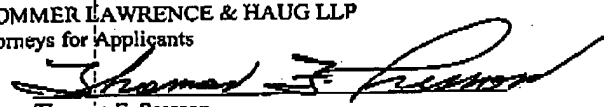
Barnet Shindelman
 (Name of person signing transmittal)


 Signature

April 19, 2006
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 
 Thomas F. Presson
 Reg. No. 41,442

00367086

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U.S. Patent Application No. 09/996,519
Reply to Office Action dated February 1, 2006

PATENT
450101-03635

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Examiner : Chowdhury, Sumaiya A.
Art Unit : 2611
Confirmation No. : 3537

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Barnet Shindjman

(Name of person signing transmittal)



Signature

April 19, 2006

Date of Signature

RESPONSE UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on February 1, 2006, having a
three-month statutory period for response set to expire on May 1, 2006, please amend the above-
captioned application as follows.

U.S. Patent Application No. 09/996,519
Reply to Office Action dated February 1, 2006

PATENT
450101-03635

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.